

MAR. 9. 2006 2:30PM

PABST PATENT GROUP

NO. 7280 P. 1

RECEIVED  
CENTRAL FAX CENTER

PABST PATENT GROUP 

MAR 09 2006

Pabst Patent Group LLP  
400 Colony Square, Suite 1200  
1201 Peachtree Street  
Atlanta, GA 30361

Telephone (404) 879-2150  
Telefax (404) 879-2160

information@pabstpatent.com  
www.pabstpatent.com

## TELEFAX

Date: March 9, 2006 Total pages: 8 including cover

To: US PTO Telephone: Telefax: 571-273-8300

From: Patrea L. Pabst Telephone: 404-879-2151 Telefax: (404) 879-2160

Our Docket No. IT 105 CON  
Your Docket No. Client/Matter No. 077818/00016

Please call (404) 879-2150 if you did not receive all of the pages, or if they are illegible.

**CONFIDENTIALITY NOTICE:** This facsimile, along with any documents, files, or attachments, may contain information that is confidential, privileged, or otherwise exempt from disclosure. If you are not the intended recipient or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, printing, distribution or use of any information contained in or attached to this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by facsimile or by telephone collect at the numbers stated above, and destroy the original facsimile and its attachments without reading, printing, or saving in any manner. Your cooperation is appreciated. Thank you.

### MESSAGE:

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Elizabeth M. Denholm, Elizabeth Cauchon, and Paul J. Silver

Serial No.: 10/623,398 Art Unit: 1655

Filed: July 18, 2003 Examiner: Michael V. Meller

For: ATTENUATION OF FIBROBLAST PROLIFERATION

#### Attachments:

Transmittal Form PTO/SB/21  
Fee Transmittal Form PTO/SB/17  
Response to Restriction Requirement

{45065079.1}

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/623,398
Filing Date	July 18, 2003
First Named Inventor	Elizabeth M. Denholm
Art Unit	1655
Examiner Name	Michael V. Meller
Total Number of Pages in This Submission	7
Attorney Docket Number	IT 105 CON

RECEIVED  
CENTRAL FAX CENTER  
MARCH 9 2006**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patricia L. Pabst		
Date	March 9, 2006	Reg. No.	31,284

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Carla Stone
	Date
	March 9, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0.00

## Complete if Known

Application Number	10/623,398
Filing Date	July 18, 2003
First Named Inventor	Elizabeth M. Denholm
Examiner Name	Michael V. Meller
Art Unit	1655
Attorney Docket No.	IT 105 CON

RECEIVED

CENTRAL FAX CENTER

MAR 09 2006

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

 Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

## Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
10 - 20 or HP = 0	x	=	

HP = highest number of total claims paid for, if greater than 20.

## Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1 - 3 or HP = 0	x	=	

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
- 100 = / 50 = (round up to a whole number) x =

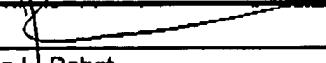
## 4. OTHER FEE(S)

Non-English Specification \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

Fee Paid (\$)

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	31,284	Telephone	404-879-2151
Name (Print/Type)	Patrete L. Pabst			Date	March 9, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
CENTRAL FAX CENTER

MAR 9 2006

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Elizabeth M. Denholm, Elizabeth Cauchon, and Paul J. Silver

Serial No.: 10/623,398 Art Unit: 1655

Filed: July 18, 2003 Examiner: Michael V. Meller

For: *ATTENUATION OF FIBROBLAST PROLIFERATION*

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT**

Sir:

Responsive to the Office Action mailed February 9, 2006, please consider the following remarks. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge any additional fees to Deposit Account No. 50-3129.